| Page 1 |
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| FCC For | m 481 - Carrier Annual Reporting Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---------|---|----------------------|--|
| <010> | Study Area Code | 542311 | |
| <015> | Study Area Name | CAL-ORE TELEPHONE CO | |
| <020> | Program Year | 2017 | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Sara Thomas | |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 5303972211 ext. | |
| <039> | Contact Email Address: Email of the person identified in data line <030> | snthomas@cot.net | |
| | Form Type | 54.313 and 54.422 | |

| | ervice Quality Improvement Reporting ollection Form | | ON | C Form 481 MB Control No. 3060-0986/OMB Control No. 3060- ly 2013 | 0819 |
|--|---|---|--|---|------|
| <010> <015> <020> <030> <035> | Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> | 542311 CAL-ORE TELEPHONE 2017 Sara Thomas 5303972211 ext. | co | | |
| <039> <110> <111> | Contact Email Address - Email Address of person identified in data line <030> Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC? | (yes / no) | ○ | | |
| <112> | If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service. | | 11ca112.pdf | | |
| | Please select the appropriate responses below (Yes, No, Not Applicable) to confi that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall submitted at the wire center level or census block as appropriate. | e-year | Name | e of Attached Document | |
| <113> <114> <115> <116> <117> <118> | Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How much (USF) was used to improve service quality and how support was used to improve much (USF) was used to improve service coverage and how support was used to improve much (USF) was used to improve service capacity and how support was used to improved an explanation of network improvement targets not met in the prior calendar year. | prove service coverage | Yes Yes Yes Yes Yes Yes Yes | | |

| (200) Service Outage Reporting (Voice) | FCC Form 481 |
|--|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 542311 |
|----------------|--|--------------------------------|
| <015> | Study Area Name | CAL-ORE TELEPHONE CO |
| <020> | Program Year | 2017 |
| | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Sara Thomas |
| <030> <035> | Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> | Sara Thomas 5303972211 ext. |
| | | |

<210> For the prior calendar year, were there any reportable voice service outages? No

<220>

| | | • | <i>,</i> . | | Ü | | | | | | |
|-----------|--------------|--------------|------------|------------|---------------------------|-----------------|----------------|--------------------|-----------------|----------------|--------------|
| <a> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d></d> | <e></e> | <f></f> | <g></g> | <h></h> |
| NORS | | | | | | | | | Did This Outage | | |
| Reference | Outage Start | Outage Start | Outage End | Outage End | Number of | | 911 Facilities | Service Outage | Affect Multiple | | |
| Number | Date | Time | Date | Time | Customers Affected | Total Number of | Affected | Description (Check | Study Areas | Service Outage | Preventative |
| | | | | | | Customers | (Yes / No) | all that apply) | (Yes / No) | Resolution | Procedures |
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| (300) Unfulfilled Service Request FCC Form 481 | | | | | | | |
|--|---|---------------------------|------------------------|---|--|--|--------------------|
| Data Coll | ection Form | | | | | OMB Control No. 3060-0986/OMB Con July 2013 | trol No. 3060-0819 |
| | | | | | | | |
| <010> | Study Area Code | | 542311 | | | | |
| <015> | Study Area Name | | CAL-ORE TELEPHONE CO | | | | |
| <020> | Program Year | | 2017 | | | | |
| <030> | Contact Name - Person USAC should contact regarding this of | ata | Sara Thomas | | | | |
| <035> | Contact Telephone Number - Number of person identified in | data line <030> | 5303972211 ext. | | | | |
| <039> | Contact Email Address - Email Address of person identified in | data line <030> | snthomas@cot.net | | | | |
| <300> U | nfulfilled service request (voice) | | 0 | | | | |
| <310> Detail on attempts (voice) | | | | _ | | | |
| | | Name | e of Attached Document | | | | |
| <320> Unfulfilled service request (broadband) | | 0 | |] | | | |
| | | | | | | | |
| <330> Detail on attempts (broadband) | | | | | | | |
| N | | lame of Attached Document | | | | | |

| (400) Number of Complaints per 1,000 customers | FCC Form 481 |
|--|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code 542311 |
|-------|--|
| <015> | Study Area Name CAL-ORE TELEPHONE CO |
| <020> | Program Year 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data |
| <035> | Contact Telephone Number - Number of person identified in data line <030> 5303972211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line snthomas@cot.net <030> |
| <400> | Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. |
| <410> | Complaints per 1000 customers for fixed voice 0.0 |
| <420> | Complaints per 1000 customers for mobile voice |
| <430> | Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. |
| <440> | Complaints per 1000 customers for fixed broadband 0.0 |
| <450> | Complaints per 1000 customers for mobile broadband |

| (CLLC CLLC CLLC CLLC CLLC CLLC CLLC CLL | | | FCCForm 481 OMB Control No. 3060-0986 OMB C |
|---|---|----------------------|--|
| <010> | Study Area Code | 542311 | |
| <015> | Study Area Name | CAL-ORE TELEPHONE CO | |
| <020> | Program Year | 2017 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Sara Thomas | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5303972211 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | snthomas@cot.net | |
| | | Yes | |
| | | 542311ca510.pdf | |

| (600) Functionality in Emergency Situations | FCC Form 481 |
|---|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 542311 |
|-------|---|----------------------|
| <015> | Study Area Name | CAL-ORE TELEPHONE CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Sara Thomas |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5303972211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | snthomas@cot.net |
| <600> | Certify compliance regarding ability to function in emergency situations | Yes |
| <610> | Descriptive document for Functionality in Emergency Situations | 542311ca610.pdf |
| | | |

| (±00) ±100 O ±10 | | | | | | | OMI | Form 481 B Control No. 3060-0986 OMB 2013 | CIIIIN |
|--|--|-----------------|---------------------|------------------|-----------------|------------------|-----------|---|--------|
| <010> | Study Area Co | ode | | | 542311 | | | | |
| <015> | 15> Study Area Name CAL-ORE TELEPHONE CO | | | | | | | | |
| <020> | 20> Program Year 2017 | | | | | | | | |
| <030> | Contact Name | e - Person USAC | Should contact re | egarding this da | ata Sara Thoma | as | | | |
| <035> | Contact Telep | hone Number - | Number of perso | n identified in | data line <030> | 5303972211 ext. | | | |
| <039> | Contact Email | Address - Emai | il Address of perso | on identified in | data line <030> | snthomas@cot.net | | | |
| <701> <702> | | | | 21.3 | 72016 | | | | |
| <703> | <a1></a1> | <a2></a2> | <a3></a3> | <01> | <b2></b2> | <03> | <b4></b4> | <b5></b5> | <> |

| 3> | <a1></a1> | <a2></a2> | <a3></a3> | <01> | <b2></b2> | <03> | <64> | <55> | <♡ |
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| Γ | | | | | Residential Local | | | Mandatory Extended Area | |
| L | State | Exchange (ILEC) | SAC (ŒTC) | Rate Type | Service Rate | State Subscriber Line Charge | State Universal Service Fee | Service Charge | Total per line Rates and Fed |
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| (7:0) B Price Offerings | FCC Form 481 |
|-------------------------|---------------------------------|
| Data Collection Form | OMB Control No. 3060-0986 OMB C |
| | J□□2013 |

| <010> | Study Area Code 5- | 542311 | | | | |
|-------|---|----------------------|--|--|--|--|
| <015> | Study Area Name | CAL-ORE TELEPHONE CO | | | | |
| <020> | Program Year | 2017 | | | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Sara Thomas | | | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5303972211 ext. | | | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | snthomas@cot.net | | | | |

| <711> | <a1></a1> | <2≥ | <01> | <02> | <>> | ≪ d1> | <d2></d2> | <d3></d3> | <d4></d4> |
|-------|-----------|-----------------|------------------|----------------------------|---------------------|---|--|-------------------------|--|
| | State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rate and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached (select) |
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| (800) Operating Companies | FCC Form 481 |
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| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | | 542311 |
|-------|---|--|----------------------|
| <015> | Study Area Name | | CAL-ORE TELEPHONE CO |
| <020> | Program Year | | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | | Sara Thomas |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | | 5303972211 ext. |
| <039> | Contact Email Address - E | mail Address of person identified in data line <030> | snthomas@cot.net |
| | | | |
| <810> | Reporting Carrier | Cal-Ore Telephone Co. | |
| <811> | Holding Company | LICT Corporation | |
| <812> | Operating Company | Cal-Ore Telephone Co. | |

| | <a3></a3> | <a2></a2> | <a1></a1> | <813> |
|---------|--|--------------|------------|-------|
| gnation | Doing Business As Company or Brand Designation | SAC | Affiliates | 10132 |
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| | lection Form | | OMB Control No. 3060-0986 :OMB Control No. 3060-08:□ J:□:2013 |
| | | 542311 | |
| <010> | Study Area Code | CAL=ORE TELEPHONE CO | |
| <015> | Study Area Name Program Year | 2017 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Sara Thomas | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5303972211 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | snthomas@cot.net | |
| <9:0> | D | No | |
| <910> | Tribal Land(s) on which ETC Serves | | |
| <920> | Tribal Government Engagement Obligation | Name of Attached | Document |
| If your o | ompany serves Tribal lands, please select (Yes, No, NA) for each these boxes | | |
| - | rm the status described on the attached document(s), on line 920, | | |
| demons | trates coordination with the Tribal government pursuant to | Select | |
| § 54.313 | B(a)(9) indudes: | Yes or No or | |
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. | Not Applicable | |
| <922> | Feasibility and sustainability planning; | | |
| <923> | Marketing services in a culturally sensitive manner; | | |
| <924> | Compliance with Rights of way processes | | |
| <925> | Compliance with Land Use permitting requirements | | |
| <926> | Compliance with Facilities Sting rules | | |
| <927> | Compliance with Environmental Review processes | | |
| <928> | Compliance with Cultural Preservation review processes | | |
| <929> | Compliance with Tribal Business and Licensing requirements. | | |
| | | | |

Page □

| (| FCCForm 481 |
|----------------------|---|
| Data Collection Form | OMB Control No. 3060-0986 COMB Control No. 3060-08□ |
| | J==2013 |

| <010> | Study Area Code | | 542311 |
|--------|---|-------|---|
| <015> | Study Area Name | | CAL-ORE TELEPHONE CO |
| <020> | Program Year | | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | | Sara Thomas |
| <035> | Contact Telephone Number - Number of person identified in data line < | 030> | 5303972211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line < | 030> | snthomas@cot.net |
| | · | | |
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| | | | |
| <1000> | Voice services rate comparability certification | Yes | |
| | voice as most rate as input as inty as timeation | | |
| | | | |
| | | | |
| | | 54231 | lca1010.pdf |
| <1010> | Attach detailed description for voice services rate | | |
| | comparability compliance | | |
| | | | |
| | | | Name of Attached Document |
| | | | |
| | | | - Pricing is no more than the most recent applicable benchmark announced by |
| <1020> | Broadband comparability certification | the | Wireline Competition Bureau |
| | | | |
| | | | |

542311ca1030.pdf

Name of Attached Document

Attach detailed description for broadband comparability compliance

<1030>

| (1100) N | o Terrestrial Backhaul Reporting | FCC Form 481 | | | | |
|----------|--|--------------|----------------|--|--|--|
| Data Col | lection Form | | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | | |
| .010: | | | | | | |
| <010> | Study Area Code | 542311 | | | | |
| <015> | Study Area Name | | E TELEPHONE CO | | | |
| <020> | Program Year | 2017 | | | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Sara T | | | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | | '2211 ext. | | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | snthom | mas@cot.net | | | |
| <1100> | Certify whether terrestrial backhaul options exist (Y/N) | | Yes | | | |
| <1130> | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g). | kbps | | | | |
| | | | | | | |

| (1200) Te | rms and Condition for Lifeline Customers | | | FCC Form 481 |
|-------------------|---|----------|------------------------------------|---------------------------------|
| ifeline | Thousand condition for Ending Caccomord | | | OMB Control No. 3060-0986 OMB C |
| | ection Form | | | J==2013 |
| Juliu John | 34.011.0111 | | | |
| <010> | Study Area Code | | 542311 | |
| <015> | Study Area Name | | CAL-ORE TELEPHONE CO | |
| <020> | Program Year | | 2017 | |
| <030> | Contact Name - Person USAC should contact regarding this data | | Sara Thomas | |
| <035> | Contact Telephone Number - Number of person identified in data lin | ne <030 | > 5303972211 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data li | ne <030 |)> snthomas@cot.net | |
| | | | 542311ca1210.pdf | |
| | | | 542311Ca121U.pdr | |
| :1010: | Town A On all Control of Main Tales have 1200 to 1700. | | | |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | | | |
| | | | | |
| | | | | Name of Attached Document |
| .4000 | | | | |
| <1220> | Link to Public Website | НПР | http://www.cot.net/lifeline/terms/ | |
| | | _ | | |
| "Dance of | | 040 | | |
| | eck these boxes below to confirm that the attached document(s), on line 1: | 210, | | |
| | osite listed, on line 1220, contains the required information pursuant to | | | |
| • , | a)(2) annual reporting for ETOs receiving low-income support, carriers must | | | |
| annually r | eport: | | | |
| <12□1> | Information describing the terms and conditions of any voice | / | | |
| \IZ_ | telephony service plans offered to Lifeline subscribers, | Ľ | | |
| | , . , | | | |
| ~10□0 > | Details on the sumbour of minutes are ideal or next of the plan | √ | | |
| <12□2> | Details on the number of minutes provided as part of the plan, | ىنا | | |
| | | | | |
| <12 3> | Additional charges for toll calls, and rates for each such plan. | √ | | |
| | | | | |
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| (2000) Price Cap Carrier Additional Documentation | FCCForm 481 |
|---|---------------------------------|
| Data Collection Form | OMB Control No. 3060-0986 OMB C |
| Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | J==2013 |

| <010> | Study Area Code | 542311 |
|-------|---|----------------------|
| <015> | Study Area Name | CAL-ORE TELEPHONE CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Sara Thomas |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5303972211 ext. |
| <030> | Contact Email Address - Email Address of person identified in data line <030> | anthomas@cot net |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CPR§ 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

| | | • | |
|---------|---|---|--|
| Inc | remental Connect America Phase I reporting | | |
| <2010> | 2nd Year Certification 47 CFR § 54.313(b)(1): Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support | | |
| <2011> | 3rd Year Certification 47 CFR§ 54.313(b)(1):ii⊡ Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support | | |
| <2022> | Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 | | |
| <2023> | Mbps/1Mbps-54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two -54.313(b)(2)(ii). Pound 2 recipients only. | | |
| <2024A> | Round 2 Recipient of Incremental Support? | | |
| <2024B> | Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only. | Name of Attached Document Listing Required Information | |
| <2025A> | Round 1 or Round 2 Recipient of Incremental Support? | | |
| <2025B> | Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC13- | Name of Attached Document Listing Required Information | |
| <2015> | 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4) | | |

| a Collection Fo | arrier Additional Documentation (Continued) rm leturn Carriers affiliated with Price Cap Local Exchange Carriers | FCC Form 481 OMB Control No. 5 July 2013 | 8060-0986/OMB Control No. 3060-0819 |
|-----------------|--|---|-------------------------------------|
| <2016> | Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband t America Phase II Reporting {47 CFR § 54.313(e)} | | |
| | Connect America Fund Phase II recipient? | | |
| <2017B> | Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price | Name of Attached Document Listing Required Information | |
| <2018> | cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii) | Name of Attached Document Listing Required Information | |
| <2019> | Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v) | | |
| <2020> | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3) | | |
| <2021> | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4) | | |
| <2026> | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5) | |] |
| <2027> | In the state on December 31, 2019 - 34.313(e)(5) Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6) | | |

| (DITTED OF THE CHIEF ACTUAL DOTTED OF THE CHIEF | 0 | FCCForm 481 |
|---|---|---------------------------------|
| Data Collection Form | | OMB Control No. 3060-0986 OMB C |
| | | J==2013 |

| <010> | Study Area Code | 542311 |
|-------|---|----------------------|
| <015> | Study Area Name | CAL-ORE TELEPHONE CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Sara Thomas |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5303972211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | snthomas@cot.net |

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR§ 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR§ 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate

| the docum | ents attached below is accurate. | | |
|-----------|---|--|------------------------|
| (3009) | Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii) | | |
| (3010A) | Milestone Certification {47 CFR § 54.313(f)(1)(i)} | Yes - Attach Certifica | tion [542311ca3010.pdf |
| (3010B) | Please Provide Attachment | Name of Attached Document Listing Required Information | 542311Ca3010.pdf |
| (3012A) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} | No - No New Community Anchors | |
| (3012B) | Please Provide Attachment | Name of Attached Document Listing Required Information | |
| (3013) | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} | (Yes/No) | |
| (3014) | If yes, does your company file the RUSannual report | (Yes/No) | |
| | Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | | |
| (3015) | Bectronic copy of their annual RUS reports (Operating Report for Telecommunications | | |
| (3016) | Borrowers) Document(s) with Balance Sneet, Income Statement and Statement of Cash Flows | | |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required | Name of Attached Document Listing Required Information | |
| (3018) | documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line | (Yes/No) | |
| (3019) | 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | | |
| (3020) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | | |
| (3021) | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: | | |
| (3022) | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUSOperating Report for Telecommunications Borrowers | | |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | | |
| (3024) | Underlying information subjected to an officer certification. | | |
| (3025) | Document(s) for Balance Sneet, Income Statement and Statement of Cash Rows | | |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | |

| | | July 2013 |
|-------|---|----------------------|
| | | |
| <010> | Study Area Code | 542311 |
| <015> | Study Area Name | CAL-ORE TELEPHONE CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Sara Thomas |
| | | E202072211 ovt |

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

| <015> | Study Area Name | CAL-ORE TELEPHONE CO |
|-------|---|----------------------|
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Sara Thomas |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5303972211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | snthomas@cot.net |
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| rivers del Dete Communica | |
|---|--|
| Financial Data Summary | |
| (3027) Revenue | |
| (3028) Operating Expenses | |
| (3029) Net Income | |
| (3030) Telephone Plant In Service(TPIS) | |
| (3031) Total Assets | |
| (3032) Total Debt | |
| (3033) Total Equity | |
| (3034) Dividends | |
| | |

(3005) Rate Of Return Carrier Additional Documentation (Continued)

Data Collection Form

Name of Attached Document Listing Required Information

OMB Control No. 3060-0986/ OMB Control No. 3060-0819

| <010> | Study Area Code | 542311 |
|-------|---|---------------------------|
| <015> | Study Area Name | CAL-ORE TELEPHONE CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Sara Thomas |
| <035> | Contact Telephone Number - Number of person identified in data lin | ne <030> 5303972211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data li | ne <030> snthomas@cot.net |

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses
of community anchor institutions to which the
recipient newly began providing access to
broadband service in the preceding calendar year.

Broadband Deployment Locations - FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filling deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

must at least detail the pricing, offered broadband Name of Attached Document Listing Required Information

| Certification - Reporting Carrier | FCC Form 481 |
|-----------------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 542311 |
|-------|---|----------------------|
| <015> | Study Area Name | CAL-ORE TELEPHONE CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Sara Thomas |
| | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5303972211 ext. |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: CAL-ORE TELEPHONE CO Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: 542311 Filing Due Date for this form: 07/01/2016 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

| Certification - Agent / Carrier | FCC Form 481 |
|---------------------------------|---------------------------------|
| Data Collection Form | OMB Control No. 3060-0986 OMB C |
| | J==2013 |

| <010> | Study Area Code | 542311 |
|----------------|--|--------------------------------|
| <015> | Study Area Name | CAL-ORE TELEPHONE CO |
| <020> | Program Year | 2017 |
| | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Sara Thomas |
| <030> <035> | Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> | Sara Thomas 5303972211 ext. |

TO BECOMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIERS BEHALF.

| I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports ar | ny responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized I data provided to the authorized agent is accurate. |
|--|--|
| | |
| Name of Authorized Agent: | |
| Name of Reporting Carrier: | |
| Sgnature of Authorized Officer: | Date: |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form | an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| C | CAF CU CHICA |
|--|---|
| | ed to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provid rting carrier; and, to the best of my knowledge, the information reported herein is accurate. |
| Name of Reporting Carrier: | |
| Name of Authorized Agent FⅢ: | |
| Signature of Authorized Agent or Employee of Agent: | Date: |
| Name of Authorized Agent Employee: | |
| Title or position of Authorized Agent or Employee of Agent | |
| Telephone number of Authorized Agent or Employee of Age | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form of | be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Titt |



| | ce Offerings including Voice Rate Data lection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|---|----------------------|--|
| <010> | Study Area Code | 542311 | |
| <015> | Study Area Name | CAL-ORE TELEPHONE CO | |
| <020> | Program Year | 2017 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Sara Thomas | |
| | | | |

5303972211 ext

1/1/2016 <701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge 21.36

<039> Contact Email Address - Email Address of person identified in data line <030> snthomas@cot.net

<035> Contact Telephone Number - Number of person identified in data line <030>

| <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <b5></b5> | |
|-----------|-----------------|------------|-----------|-------------------|------------------------------|-----------------------------|-------------------------|-------------------------------|
| <a1></a1> | <a2></a2> | <d3></d3> | <10.7 | Residential Local | <u3></u3> | <u4></u4> | Mandatory Extended Area | <c></c> |
| State | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate | State Subscriber Line Charge | State Universal Service Fee | Service Charge | Total per line Rates and Fees |
| CA | ALL | | FR | 20.25 | 0.0 | 1.11 | 0.0 | 21.36 |
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| (710) Broadband Price Offerings | FCCForm 481 |
|---------------------------------|-----------------------------------|
| Data Collection Form | OMB Control No. 3060-0986 OMB C N |

| <010> | Study Area Code | 542311 |
|-------|---|----------------------|
| <015> | Study Area Name | CAL-ORE TELEPHONE CO |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Sara Thomas |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5303972211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | snthomas@cot.net |

| <711> | <a1></a1> | <a2></a2> | <01> | <02> | <c> <d1></d1></c> | <d2></d2> | · <d3></d3> | | <₫4> |
|-------|-----------|-----------------|---------------------|-------------------------|-------------------------|---------------------------------------|---|-------------------------|--|
| | State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rates and Fees | Broadband Service - Download Speed | Broadband Service -Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached {select} |
| | CA | | 39.95 | 0.0 | 39.95 | 4.0 | 1.0 | 999999 | Other, NONE |
| | CA | | 49.95 | 0.0 | 49.95 | 10.0 | 1.0 | 999999 | Other, NONE |
| | CA | | 59.95 | 0.0 | 59.95 | 25.0 | 2.0 | 999999 | Other, NONE |
| | CA | | 79.95 | 0.0 | 79.95 | 25.0 | 4.0 | 999999 | Other, NONE |
| | CA | | 99.95 | 0.0 | 99.95 | 50.0 | 4.0 | 999999 | Other, NONE |
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| (800) Operating Companies | FCC Form 481 |
|---------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | | 542311 |
|-------|---|-----------------------|----------------------|
| <015> | Study Area Name | | CAL-ORE TELEPHONE CO |
| <020> | Program Year | | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | | Sara Thomas |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | | 5303972211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | | snthomas@cot.net |
| | | | |
| <810> | Reporting Carrier | Cal-Ore Telephone Co. | |
| <811> | Holding Company | LICT Corporation | |
| <812> | Operating Company | Cal-Ore Telephone Co. | |

| > <a1></a1> | <a2></a2> | <a3></a3> | |
|-------------------------------------|-----------|--|--|
| Affiliates | SAC | Doing Business As Company or Brand Designation | |
| Bretton Woods Telephone Company, In | 120038 | Bretton Woods, World Surfer | |
| Upper Peninsula Telephone Company | 310732 | Michigan Broadband Services, UPTC, MCBC, Alphacomm.n | |
| Michigan Central Broadband Company | 310785 | Michigan Broadband Services, MCBC, Alphacomm.net | |
| Belmont Telephone Company | 330847 | Belmont, LaGrant Connections, LLC | |
| Cuba City Telephone Exchange Compan | 330872 | Cuba City, LaGrant Connections, LLC | |
| Central Scott Telephone Company | 351125 | Central Scott | |
| CST Communications, Inc. | 359032 | CST Communications, iWireless | |
| WAPSI Wireless, LLC | 359041 | iWireless | |
| Haviland Telephone Company, Inc. | 411780 | Haviland, Giant Communications, Inc. | |
| J. B. N. Telephone Company, Inc. | 411785 | J.B.N., Giant Communications, Inc. | |
| Western New Mexico Telephone Co., I | . 492268 | WNM Communications | |
| Central Utah Tel Inc. | 502277 | CentraCom | |
| Skyline Telecom | 502283 | CentraCom | |
| Bear Lake Comm | 503032 | CentraCom | |
| Cal-Ore Telephone Company | 542311 | Cal-Ore | |
| Giant Communications, Inc. | | Giant | |
| Alpha Enterprises Limited, Inc. | | Alphacomm.net | |
| World Surfer, Inc. | | World Surfer | |
| Netsync Internet Services Corporati | | Netsync | |
| Valley Communications, Inc. | | Valley | |
| Central Telcom Services, LLC | | CentraCom | |
| LaGrant Connections, LLC | | LaGrant Connections, LLC | |
| WNM Communications Corporation | | WNM Communications | |

| Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | (800) Operating Companies | FCC Form 481 |
|---|---------------------------|---|
| July 2013 | Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | July 2013 |

| <010> | Study Area Code | | 542311 |
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| <015> | Study Area Name | | CAL-ORE TELEPHONE CO |
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| <030> | Contact Name - Person USAC should contact regarding this data | | Sara Thomas |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | | snthomas@cot.net |
| | | | |
| <810> | Reporting Carrier | Cal-Ore Telephone Co. | |
| <811> | Holding Company | LICT Corporation | |
| <812> | Operating Company | Cal-Ore Telephone Co. | |

| <813> | <a1></a1> | <a2></a2> | <a3></a3> | |
|-------|-----------------------------------|-----------|--|--|
| | Affiliates | SAC | Doing Business As Company or Brand Designation | |
| | Cal-Ore Communications, Inc. | | Cal-Ore Communications | |
| | CS Technologies, Inc. | | CS Technologies | |
| | INTER-COMMUNITY TELEPHONE COMPANY | 381616 | Inter-Community | |
| 1 | Dixon Acquisition, LLC | 351150 | Dixon | |
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